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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26774  
State File No. \_\_\_\_\_  
6566  
Registrar's No. \_\_\_\_\_

FILED SEP 17 1941 791

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Two Months  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days) 0

3. (a) PRINT FULL NAME Thomas Q. Jameson

3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 10, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 5 1 hr. min.

9. Birthplace Lincoln County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Thomas M. Jameson

13. Birthplace Lincoln Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jameson

15. Birthplace Lincoln Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Craig

(b) Address 6600 Washington Avenue

17. (a) Burial (b) Date thereof 8/12/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy Missouri

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue

19. (a) AUG 11 1941 (b) J. H. Medeck  
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6600 Washington Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11, 1941  
year 1941 hour 2 00 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 10, 1941, to Aug 11, 1941  
that I last saw him live on Aug 10, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Esophagus Duration Not Known

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Paul E. Wane (M. D. or other) D

Address Paul E. Wane Date signed Aug 11 1941

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed..... *W. W. Wilkinson*

Licensed Embalmer No. *35-75*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**